PTO/SB/17 (07-06)
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Under the P	respond to a collection of information unless it displays a valid OMB control number							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
						09/991,932-Conf. #9870 November 26, 2001		
FEE TRANSMITTAL						Akiko MIYAGA		
For FY 2006						A. Nobahar		
Applicant claims small entity status. See 37 CFR 1.27						2132		
TOTAL AMOUNT OF PAYMENT (\$) 910.00				7.11.07.11		2565-0238P		
(1, 010.00				Attorney Docket No. 2000 02001				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FIL	ING FEES	SE	ARCH FEES	EXAMI	NATION FEES		
Application 1	Type Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees i	Paid (\$)
Utility	300	150	500	250	200	100	10031	αια (φ)
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80	***************************************	
Reissue	300	150	500	250	600	300		***************************************
Provisional	200	100	0	0	0	0		
								Small Entity
Fee Description Fee (\$)								Fee (\$)
Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues)							200	100
Multiple depen				360	180			
Total Claims	Total Claims			aid (\$) Multiple Depen			nt Claims	
HP = highest nug	nher of total claims naid for i	f greater than 20			Fe	<u>ee (\$) </u>	ee Paid (\$	<u>5)</u>
HP = highest number of total claims paid for, if greater than 20. Indep. Claims								
= x =								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = /50								
4. OTHER FEE(S) Fees Paid (\$)								
Non-Englisl	Specification, \$130							
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00 1251 Extension for response within first month 120.00								
SUBMITTED BY								
Signature	Can Rila	1- 48917	, [Registration No. (Attorney/Agent)	48,917	Telephone	(703) 20	5-8000
Name (Print/Type) Chad J. Billings						Date March 29, 2007		
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